


Three Rivers Public Health Department

Dodge County • Saunders County • Washington County

To: Dodge County Supervisors
From: Jeff Kuhr 
Date: January 13, 2005
Subject: Annual Report of Nebraska's LB692 Local Health Department System

Enclosed for your review is the aggregate annual report of all of the LB692 local health departments as compiled by Nebraska HHSS.

Don't hesitate to call me if you have any questions.

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DODGE COUNTY HEALTH
FRED MYTTE, COUNTY CLERK

**Annual Report on the
Public Health Portion of the
Nebraska Health Care Funding Act (LB 692)**

**Presented to the
Governor and the
Health and Human Services Committee
of the Legislature**

**Office of Public Health
Health Services
Department of Regulation and Licensure**

December 1, 2004

The 2001 Nebraska Health Care Funding Act (LB 692) provided funds for the development of local public health departments. Each of the local public health departments that receives these funds must prepare an annual report that covers the fiscal year July 1, 2003 to June 30, 2004. These reports attempt to document how the funds have been used to provide the essential public health services under the core public health functions. The purpose of this report is to summarize the key findings of the individual reports.

The report is divided into three sections. The first section reviews the changes in the organizational coverage as well as the funding and expenditure levels for each eligible department. The second section describes the activities and programs provided by local health departments under each of the ten essential public health services. The final section tells some short stories about how local public health departments are improving the lives of people in their communities.

Organizational Coverage

As of June 30, 2004, a total of 18 local public health departments covering 91 counties were eligible to receive funds under the Health Care Funding Act. The list of public health departments and their affiliated counties is shown in Table 1. During the past year, nine additional counties decided to join one of the eligible local public health departments. Although Dakota and Scotts Bluff Counties have single county health departments, they do not meet the eligibility requirements of the Health Care Funding Act and staff from the Office of Public Health continue to work toward the goal of having all counties covered by a local public health department under the LB 692 umbrella. Prior to the passage of LB 692, only 22 counties of the state's 93 counties were covered by a local public health department. Figures 1 and 2 illustrate this contrast.

Funding and Expenditure Levels

Table 2 depicts the amount of infrastructure and per capita funds allocated to each of the eligible local public health departments. The total amount of funds ranged from \$868,253 in the Douglas County Health Department to \$166,481 for the Northeast Nebraska Public Health Department. Infrastructure funding was based on the population. The departments that had 100,000 people or more received \$150,000. If the population was between 50,000 and 99,999, the amount of funding was \$125,000 and departments that had 30,000 people but fewer than 50,000 received \$100,000. Per capita funds were distributed at \$2.02 per person.

Table 3 summarizes the expenditures by category for the 18 local public health departments that were eligible for funding. The funding levels for local health departments were less than the \$5.6 million during the fiscal year because the funds that were being held for the two counties, \$115,326.40, that are not part of a qualified

district health department were returned to the Tobacco Settlement Fund. It should also be noted that a total of \$216,360 was withheld from the Douglas County Health Department because funds from LB 692 can not be used to replace or reduce existing county funding to a department. During the fiscal year, the Douglas County Board reduced the amount of county funds to the Douglas County Health Department by \$216,360. As a result, the per capita funds to the department were reduced by the same amount and were returned to the Tobacco Settlement Fund.

According to Table 3, a total of \$4,422,600 were expended by local health departments during the last fiscal year. This amount was slightly more than 83 percent of the funds that were received. Most of the funds were spent for the basic infrastructure of the department (i.e., personnel, benefits, office expenses, equipment, and building remodeling). Almost 16 percent of the funds were expended for contractual services.

The percentage of funds allocated is 35 percent higher than a year ago. It is anticipated that the percentage of funds spent will continue to increase because a few health departments had not completed a comprehensive needs assessment. As priorities are established based on the health care needs of the area, additional new projects will be developed and funded. In future years it is expected that the percentage of funds expended will be near 100 percent.

Leveraging Other Funds

Although funds from the Nebraska Health Care Funding Act serve as the financial foundation for the local health departments, all of the departments have been very successful in leveraging other funds. For example, federal grant funds have been passed through the state health department to local health departments for bioterrorism planning, public education efforts related to West Nile Virus and the Clean Indoor Air Act, Preventive and Maternal and Child Health block grants, and radon testing. Some departments have also received grant funds from national foundations and directly from the federal government. It is estimated that the total amount of additional funds that they have leveraged since July, 2002 is over \$6 million.

TABLE 1**Local Public Health Departments Funded Under the
Nebraska Health Care Funding Act (LB 692)**

Name	Counties
Central District Health Department	Hall, Hamilton, Merrick
Douglas County Health Department	Douglas
East Central District Health Department	Boone, Colfax, Nance, Platte
Elkhorn Logan Valley Public Health Department	Burt, Cuming, Madison, Stanton
Four Corners Health Department	Butler, Polk, Seward, York
Lincoln-Lancaster County Health Department	Lancaster
Loup Basin Public Health Department	Blaine, Custer, Garfield, Greeley, Howard, Loup, Sherman, Valley, Wheeler
North Central District Health Department	Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, Rock
Northeast Nebraska Public Health Department	Cedar, Dixon, Thurston, Wayne
Panhandle Public Health Department	Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Sheridan, Sioux
Public Health Solutions	Fillmore, Gage, Jefferson, Saline, Thayer
Sarpy/Cass Department of Health & Wellness	Cass, Sarpy
South Heartland District Health Department	Adams, Clay, Nuckolls, Webster
Southeast District Health Department	Johnson, Nemaha, Otoe, Pawnee, Richardson
Southwest Nebraska Public Health Department	Chase, Dundy, Frontier, Furnas, Hayes, Hitchcock, Perkins, Red Willow
Three Rivers Public Health Department	Dodge, Saunders, Washington
Two Rivers Public Health Department	Buffalo, Dawson, Franklin, Gosper, Harlan, Kearney, Phelps
West Central District Health Department	Arthur, Grant, Hooker, Keith, Lincoln, Logan, McPherson, Thomas

Figure 1

Nebraska Local Health Departments September 11, 2001

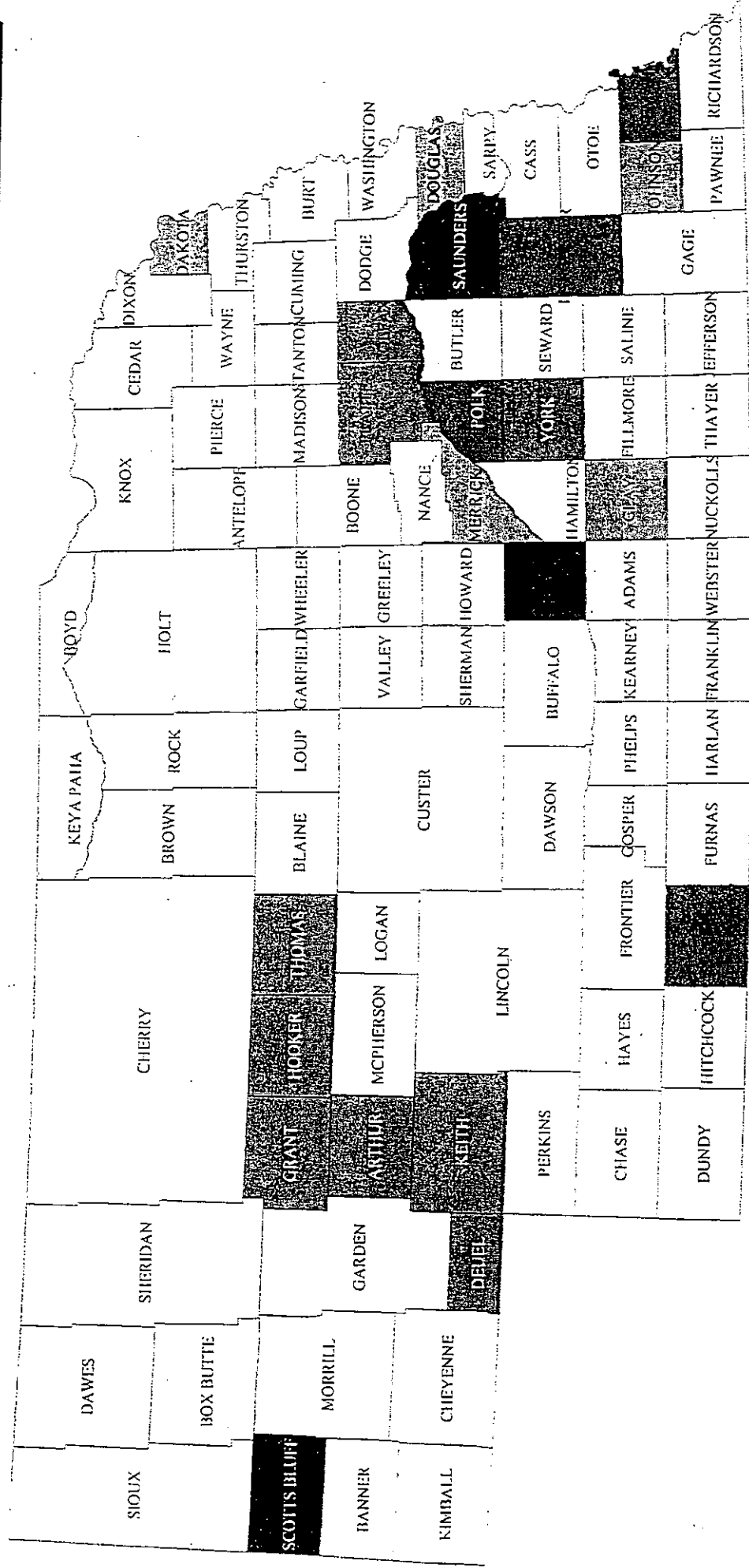


Figure 2

Nebraska Local Health Departments

under the

Health Care Funding Act (LB 692)

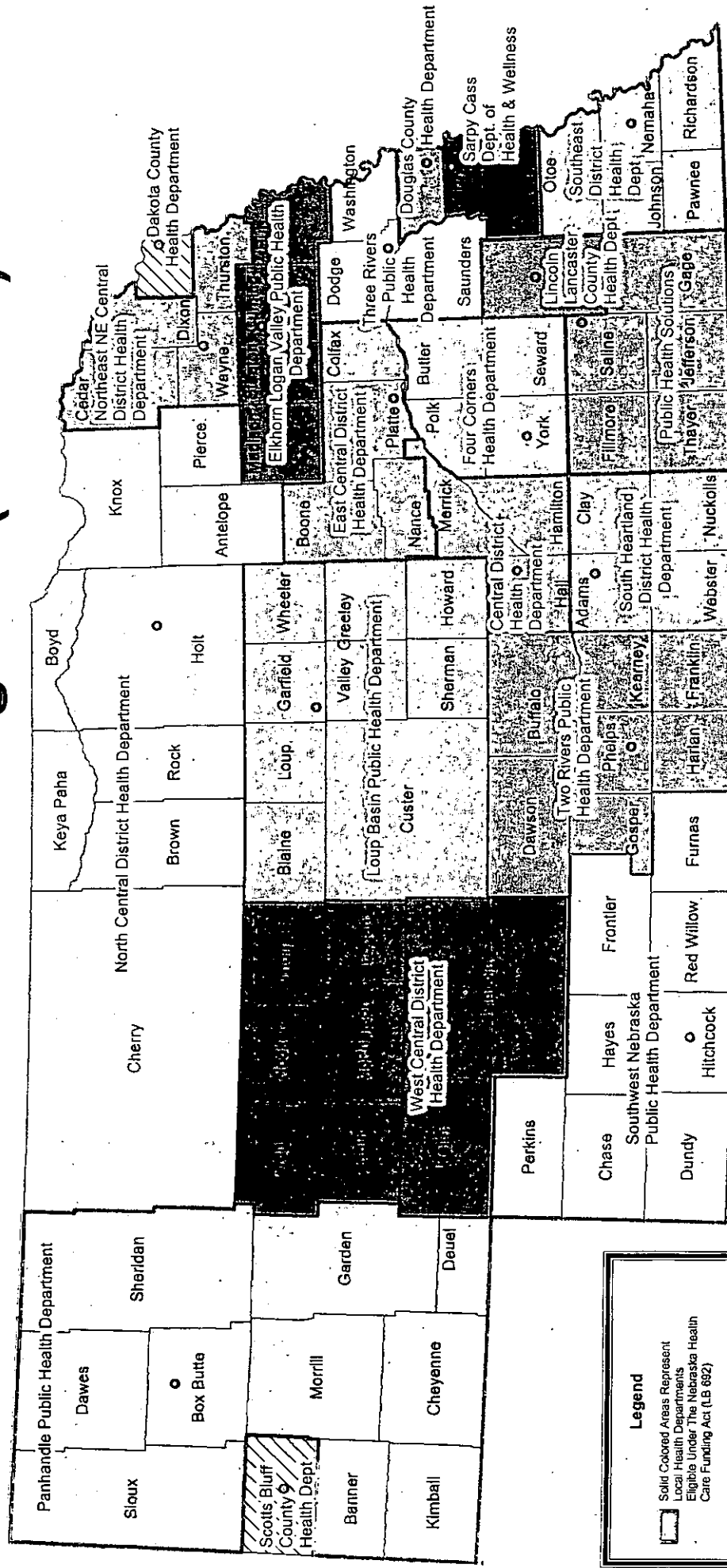


TABLE 2

**LB 692 Health Department Payments
July 1, 2003 - June 30, 2004**

District Name	Infrastructure	Per Capita	Total	Population
Central District	\$125,000.00	\$143,424.17	\$268,424.17	71,141
Douglas County	\$150,000.00	\$718,252.73	\$868,252.73	463,585
East Central	\$125,000.00	\$105,641.27	\$230,641.27	52,400
Elkhorn Logan Valley	\$125,000.00	\$120,308.07	\$245,308.07	59,675
Four Corners	\$100,000.00	\$91,730.50	\$191,730.50	45,500
Lincoln-Lancaster Co	\$150,000.00	\$504,600.37	\$654,600.37	250,291
Loup Basin	\$100,000.00	\$66,775.77	\$166,775.77	33,122
North Central	\$125,000.00	\$102,988.14	\$227,988.14	51,084
Northeast Nebraska	\$100,000.00	\$66,481.42	\$166,481.42	32,976
Panhandle	\$125,000.00	\$107,776.28	\$232,776.28	53,459
Public Health Solutions	\$125,000.00	\$116,644.90	\$241,644.90	57,858
Sarpy/Cass	\$150,000.00	\$296,216.92	\$446,216.92	146,929
South Heartland	\$100,000.00	\$95,375.53	\$195,375.53	47,308
Southeast District	\$100,000.00	\$80,799.46	\$180,799.46	40,078
Southwest District	\$100,000.00	\$67,759.59	\$167,759.59	33,610
Three Rivers	\$125,000.00	\$150,740.41	\$275,740.41	74,770
Two Rivers	\$125,000.00	\$187,001.17	\$312,001.17	92,756
West Central	\$100,000.00	\$95,796.89	\$195,796.89	47,517
TOTAL	\$2,150,000.00	\$3,118,313.59	\$5,268,313.59	1,654,059

TABLE 3

**LB 692 Local Public Health Departments
July 1, 2003 - June 30, 2004 Expenditures**

Departments:	LB 692 Local Public Health Departments
Total Funds Received:	\$5,268,313.59
Total Funds Expended:	\$4,422,600.18
Budget Period:	July 1, 2003 - June 30, 2004

Line Items	Expenditures
Personnel	\$1,862,572.13
Benefits	\$ 359,992.76
Travel	\$ 174,025.93
Office Expense/Printing	\$ 282,831.03
Communications/Advertising	\$ 133,305.33
Equipment/Construction	\$ 488,476.52
Contractual	\$ 638,834.68
Other	<u>\$ 482,561.80</u>
TOTAL	\$4,422,600.18

Current Initiatives

The activities and programs of the local public health departments are summarized under the three core functions of assessment, policy development, and assurance and the associated ten essential services. The Health Care Funding Act requires the departments to provide the three core functions and as many as the ten essential services as possible.

During the fiscal year July 1, 2003 to June 30, 2004, considerable progress was made in the provision of the core functions and ten essential services. During this year, every new health department demonstrated significant improvement in both the number and complexity of activities and programs. At this point all health departments are providing the core functions and nearly all of the ten essential services. Because of the large number of activities, only a few examples are provided under each of the ten essential services so that the report does not become too lengthy. However, the individual reports are available upon request.

Core Function - Assessment

Essential Service: Monitor Health Status to Identify Community Health Problems

- All of the departments have completed a comprehensive assessment of health needs in their area. This assessment generally includes a household survey to determine individual and community health risks (e.g., tobacco use, substance abuse, physical activity levels, obesity, and environmental quality) and the accessibility of health care services. Many departments have also conducted a youth behavioral risk factor survey and focus group interviews of selected populations. Mortality and morbidity data that have been collected by the HHSS have also been analyzed and used in the local needs assessment.
- Several health departments now have access to survey data for racial/ethnic minority populations.
- All departments worked with staff from HHSS to monitor and educate the public about West Nile Virus.
- All local health departments participate in a statewide school surveillance program to monitor and report absences due to illness. This system allows state and local health officials to respond more promptly to disease outbreaks.

- Several departments have engaged in asset mapping (i.e., the resources and assets that are available to meet health care needs).
- Two departments have conducted surveys to determine access to dental services for low-income populations. The West Central District Health Department has used the results of the survey to discuss potential solutions with area dentists.
- Some health departments currently participate in disease registries. For example, the East Central District Health Department has recorded all of their 2,125 immunizations for 708 children on a registry. Several health departments have also received training to report and track communicable diseases and are expected to enter data into a state system called The National Electronic Disease Surveillance System.
- A few departments have used Geographic Information Systems (GIS) to track the locations of West Nile Virus, childhood lead poisoning, and other diseases.
- Several health departments have closely monitored rabies cases in order to better alert the community about potential problem areas.
- The Panhandle Public Health Department is part of a coalition that is developing a Panhandle-wide web-based information system called Service Point. Data from multiple providers are currently being entered into the system that will enable the Department to evaluate health status and outcomes.
- The Lincoln-Lancaster County Health Department has also developed an integrated information management system. This system is designed to integrate all data and informational sources regarding population, individual health, and environmental health risk factors. The benefits of this system include an on-line query system and an internal web site. The web site provides staff with reports and maps, policies, and news releases.

Essential Service: Diagnose and Investigate Health Problems and Health Hazards in the Community

- Many departments investigated a variety of nuisance problems, including odors, litter, garbage, mold, and unsafe living conditions.
- Most departments have conducted numerous infectious disease investigations (e.g., Hepatitis C).

- Many departments have been involved in the investigation and monitoring of tuberculosis (TB). The health departments coordinate the follow up visit to assure that active TB patients take their medications in a timely and correct manner. Also, many of these cases require the use of an interpreter and local health departments coordinate this effort.

Two Cases of Infectious or Active Tuberculosis (TB) were found in Dodge County in March 2004... These cases were investigated, isolated, and contained by Three Rivers Public Health Department in accordance with the State of Nebraska regulations and the State of Nebraska TB Control Program guidelines. Part of the investigation involves Daily Observational Therapy (DOT) by Three Rivers Public Health Nurses which is the first hand observance of an active TB patient taking his/her TB medications and the case management per each individual situation. The local public health department plays an important role in the containment of an outbreak of TB by performing a contact investigation following notification of an active case by the State offices. This investigation involves identifying all of the close contacts of an active case, testing of the contacts, and the follow-up investigation of therapeutic regimen compliance until the closing of the case. The risk of contacting TB in the public sector is low. However in the private sector, the individual(s) who is in close, frequent contact with an patient who has active TB (meaning "infectious to others") is highly suspect for the development of active TB themselves. This situation warrants tests to determine whether or not the individual has contracted TB. A person can have TB and not be infectious when the infection is "latent" or inactive. A latent case of TB can convert to an active case if the conditions are right. In order to prevent a latent case of TB from turning to active where there has been confirmed exposure to an active case, the individual is placed on preventative therapy for a period of time. All these measures are crucial to the prevention of an outbreak of Tuberculosis.

- Most departments provided identification and surveillance of public health threats and emergencies such as the number of dead birds testing positive for West Nile Virus, possible exposure to rabies and lead poisoning, testing for high radon levels, and E-coli outbreaks.
- Some departments test for sexually transmitted diseases. Once identified, these individuals can receive appropriate treatment.
- All departments assisted HHSS via the Health Alert Network to determine the amount of influenza vaccine that was available in November of 2003. Once, the vaccine was identified, it was redistributed to meet the needs of high risk groups.
- Several departments were involved in the investigation of toxin producing algae. These investigations were instrumental in closing the affected lakes for recreational use and in decisions concerning drinking water safety.

- Nearly all departments were involved in the enforcement of the Nebraska Clean Indoor Air Act. Businesses were given copies of the law as well as information about how to comply with the law.
- All local health departments serve as a link between various state departments and the community. For example, the Four Corners Health Department issued a warning of Hepatitis A contamination in green onions. The Department notified all area facilities serving food and prepared press releases for local newspapers. The Department also worked closely with HHSS and USDA to provide follow-up information. Similar examples could have been described for the Department of Environmental Quality and the Department of Agriculture.
- Douglas County has contracted with a refugee resettlement agency to hire an outreach worker to assist in the control of tuberculosis and other infectious diseases in the Sudanese community. This individual assists the department in providing culturally appropriate disease information (in both written and oral formats), provides transportation of patients to physicians' offices for diagnosis and testing and provides therapy for tuberculosis. The outreach worker is available to assist in any infectious disease situation occurring in the community.

Essential Service: Inform, Educate, and Empower People About Health Issues

- All health departments provided information about the public health functions and activities at county commissioner/supervisor meetings, community forums, and other meetings.
- Every day health departments receive calls from people looking for help. These are a few examples from the Four Corners Health Department:
 - The aunt of a young woman about to have a baby but with no money for a car seat- looking to the health department to make sure that her great niece will be able to go home from the hospital in safety;
 - The grandparents and parents of a four year old who stepped on a bat in the basement who want to make sure that this young boy will not have to worry about contracting the deadly disease of Rabies;
 - The receptionist at the physician's clinic who is concerned that she has been exposed to Tuberculosis by a patient;
 - The mother of a six year old girl with asthma who could not find a source of flu vaccine for her daughter.

- All departments have informed and educated the public about West Nile Virus, radon, child care safety seats, dental health/fluoride, seat belt/helmet restraint usage, childhood lead poisoning, nutrition/obesity, immunizations, HIV, prenatal care, and well-child checks.
- Douglas County has implemented an outreach program to minority populations utilizing community health workers to provide health education to hard-to-reach members of four minority communities. The four target groups are African American, Sudanese, Hispanic, and Native American. The Department has contracted with the Chicano Awareness Center, the Nebraska Urban Indian Health Coalition, the Southern Sudanese Community Association, and the Women's Health Center, in collaboration with New Creations, to provide outreach services and education. The agencies participate as members of a community outreach committee, which has the responsibility to collectively monitor, guide, and assess the progress of the program. The outreach projects are addressing diabetes, nutrition, exercise, substance abuse (including tobacco), teen pregnancy (which includes risk factors for infant mortality), obesity, cardiovascular disease, infectious disease, and hypertension. A total of 4,225 people have been reached through this project.
- Several health departments have provided information and education about the prevention and management of various chronic diseases. For example, both East Central and Lincoln-Lancaster have programs related to diabetes. Other departments have developed awareness and outreach efforts directed at reducing breast and cervical cancer, colon cancer, and heart disease. Many of these educational messages have been translated into Spanish.

My name is Maria, I am diabetic and my cholesterol is high. I had a very inactive life before the program and I didn't like exercising at all and was very disorderly while eating. I was informed about this program and I was interested.

Intervention: Here I was taught how important it is to keep active so I can have better health. I was taught how to control my diabetes and they are teaching me how to keep my weight under control. The staff is very kind; they make me feel welcome. They make everything so much fun. I feel like I am part of the family.

Impact: As a result I don't need medication for my diabetes anymore and from 203 pounds of weight, I went down to 174 and I feel much better. When I buy new clothing, it is not traumatic. I wish you make more programs like this because they really help.

- Local health departments have worked with schools to inform the public, through the media, about children's back to school vaccinations and why immunizations are needed.

"Just a personal note to tell you all thanks and good work with the child nutrition ed-grant! My son is a 5th grader at an area school and thus experienced the program in action. He has had nothing but favorable comments about your time spent with the kids and the program in general. I can tell that the information shared has impacted the students – my son reads labels on food items now and has commented numerous times over the past 3 weeks on nutritional values of various foods we've eaten. He's also thinking about the amount of soda pop he drinks and last night made a comment out-of-the-blue that he's not going to drink so much pop on the weekends anymore, which he determined was the time of the week that he drinks too much of it." (An e-mail that was sent by a parent to the Loup Basin Public Health Department.)

Core Function - Policy Development

Essential Service: Mobilize Community Partnerships to Identify and Solve Health Problems

- Several departments either have completed or are in the process of setting priorities for new initiatives. Many of the departments have involved the community during the process. For example, the East Central District Health Department has involved 38 local area agencies and formed eight subcommittees to develop strategic initiatives that will achieve their main goals. Because of this involvement and participation, considerable progress has been made. One of the goals was to eliminate the health disparities and improve access to health services. Major progress was made when the Good Neighbor Community Health Center was opened last year in Columbus.
- The Lincoln-Lancaster County Health Department was instrumental in working with several groups to assure the expansion of the People's Health Center in Lincoln. Staff from the Department prepared the successful grant application.
- Another example involved the Northeast Public Health Department. In order to address the problem of underage drinking, the Northeast Department worked with the State Coordinator of Juvenile Services, the four county attorneys in the health district, and representatives of other agencies to develop juvenile services and diversion plans to curb underage drinking. These plans were completed and sent to the Crime Commission.
- Public Health Solutions has spearheaded the formation of the Saline County Health Coalition whose mission is to improve access to and the quality of health care services provided to Hispanic families in the area. The Coalition has written a federal planning grant to establish a formal network and they may apply for a grant to start a new community health center.
- Many health departments are collaborating with a variety of agencies and organizations, including head start programs, child abuse coalitions, hospitals, physician clinics, emergency management agencies, police and fire departments, community action agencies, area health education centers, churches and health ministries networks, community learning centers, mental health agencies, and racial/ethnic minority organizations.

"I thought this public health department was just another bureaucracy and duplication of services when we started it. I do not think that now. I can see where we have a definite purpose to do something that hasn't been offered before, but should have been." (Dixon County Supervisor)

Essential Service: Develop Policies and Rules that Support Individual and Community Health Efforts

- All departments are working with emergency management program directors to develop the public health section of the Local Emergency Operations Plan (LEOP).
- Some departments are providing technical assistance to local communities that are interested in revamping their local ordinances (e.g., trash, leash laws, appliances, and junk vehicles) to improve the health of their community.
- The Lincoln-Lancaster County Health Department worked with the City Council, the Mayor's Office, and community partners to provide information and education regarding the Lincoln Smoke Free Air Act. This Act passed in November. Also, the South Heartland District Health Department worked with the South Central Health Alliance to develop policies regarding smoking regulations in public buildings. This collaborative effort was successful because the City of Hastings passed a no smoking ordinance for all city property, buildings, and parks.

"It is reassuring to know that someone is creating a plan for public health emergencies so we will know what to do." (Hartington resident)

Core Function - Assurance

Essential Service: Enforce Laws and Regulations that Protect Health and Ensure Safety

- Nearly all health departments have conducted inspections for compliance with Nebraska's Clean Indoor Air Quality laws.
- Three health departments inspect food establishments, swimming pools, and septic tanks. All other departments notify the appropriate state agency (e.g., the Department of Agriculture) when a problem occurs.
- Lincoln-Lancaster County, Douglas County, and the Central District Health Department enforce laws and regulations for dog bites. Lincoln-Lancaster County has purchased two vehicles to assist staff in investigating dog bites and animal attacks as well as chemical responses, hazardous materials releases, and illegal narcotics productions (e.g., meth labs).
- Some health departments have notified non-compliant tuberculosis patients of the rules and regulations that must be followed (e.g., quarantine).
- The Lincoln-Lancaster County Health Department has enforced child-care ordinances. As policies and procedures were implemented, there were fewer illnesses, injuries, and reported sick days. A total of 1,395 children and 363 professional child-care staff were impacted by these efforts. The number of children ill or injured decreased from 59 per week pre-assessment to 33 per week post-assessment. The number of days missed from child-care due to illness or injury for staff and for children also dropped from 94 days per week pre-assessment to 69 days per week post-assessment.

Essential Service: Link People to Needed Medical and Mental Health Services and Assure the Provisions of Health Care When Otherwise Not Available

- All departments receive calls from people requesting assistance for medical, dental, and mental health services. Referrals are then made to the appropriate clinic or agency.
- Many departments have contracted with the United Way to provide a 211 Information and Referral Hotline. The hotline provides 24 hour, bilingual information to individuals who seek referrals for health and human services. The Northeast Nebraska Public Health Department and the North Central District Health Department have prepared a directory of health and human services providers that includes descriptions and contact information.

"May we have several more copies of the (NNPHD) publication that contains the directory of services that exist in NE Nebraska? We have never been able to get that information for our patients from NE Nebraska. This is so valuable." (Home Healthcare Nurse, St Luke's Hospital in Sioux City)

- Some departments have contracted with other agencies to expand funding for public immunization programs.
- The West Central District Health Department has recently begun to offer free dental screening for low-income populations because no dentists in the area were accepting Medicaid patients. The program offers free screening, treatments, and oral prophylaxis. Thus far, nine dentists have volunteered their time for this program.
- The Lincoln-Lancaster County Health Department Dental Clinic has also improved access to dental services by providing a total of 6,838 clinical visits and educational information for 5,207 clients. All of the clients have low-incomes and over 60 percent are from racial and ethnic minority groups.
- Two Rivers Public Health Department participated in a Dental Day V with the UNMC College of Dentistry by providing dental care to unserved and underserved children from the Lexington area. A total of 1,170 procedures were performed that day at a value of over \$55,000 (see related story in Section 3).

"I am so glad that there is a place for people like me, who need quality medical care and can't afford it, full of caring, concerned, professional staff. I know they save lives. They saved mine." (Victoria M. Smith)

- All departments are improving access to care for Medicaid and Kids Connection clients through the Public Health Outreach and Nursing Education Program (PHONE). This program is operated through a contract with the state Medicaid office. It is designed to increase access to health care services for those eligible or potentially eligible Medicaid or Kids Connection individuals by helping them to find medical, dental, or vision homes. The PHONE nurse can assist with the application process and provide education on accessing appropriate levels of medical care. The nurse is also responsible for identifying barriers to receiving care and providing assistance in overcoming these barriers.
- The East Central District Health Department provides nursing services for the inmates in the Platte County Detention Facility. The Public Health Nurse consults with correctional officers regarding the medical needs of inmates and dispenses medications after 4:00 p.m., weekends, and holidays. During the

fiscal year, the nurse provided 2,053 nursing evaluations and 374 admission intakes.

- The West Central District Health Department provides support of the chronically mentally ill through the Med Box Program. The support services involve assistance with medication compliance, side effects, and the need for medication changes.

Essential Service: Assure a Competent Public Health Workforce Within the Health Care Industry and Public Health Departments

- Staff from health departments have attended a variety of training sessions in this past year. These include bioterrorism and emergency preparedness planning, table-top exercises, West Nile virus surveillance, new infectious diseases, and media risk communication.
- Several staff from local health departments completed an eight-day epidemiology course. Participants learned how to investigate and recognize health hazards in the community and how diseases are formed and spread.
- Health department staff have provided many educational materials, information, and training to other members of the public health workforce. For example, they have provided information to physician clinics about prenatal tobacco cessation programs, smallpox, and Hepatitis C. Workshops for other health care providers have been held on a variety of topics.
- Douglas County had two staff trained in a medical interpreter course.

Essential Service: Evaluate Effectiveness, Accessibility, and Quality of Services within the Health Care Industry and Public Health Departments

- The East Central District Health Department monitors the direct medical services provided on a daily basis to identify trends in local pathologies, evaluate the performance of providers, and identify areas of improvement. The Department also uses client satisfaction surveys to evaluate services in several clinics.
- The East Central District Health Department has also applied the National Public Health Performance Standards that were developed by CDC and other national organizations. These performance standards allow the Department to evaluate the effectiveness of the local public health system.

- All health departments regularly review the goals, objectives, and outcomes for all of their grant applications. The major findings are shared with the Boards of Health.
- The Elkhorn Logan Valley Public Health Department is in the process of conducting an EMS survey in one of its counties. The survey will be sent to fire, rescue, police, and other emergency responders to determine the best ways to provide efficient, practical, and fiscally responsible emergency services. This survey could be used as a model for other departments to evaluate EMS services.

Essential Service: Research and Gain New Insights and Innovative Solutions to Health Problems

- Although no major research projects have been undertaken with institutions of higher education, the health departments are collecting and analyzing new data that eventually can be used by the research community. One of these innovative approaches is provided by the Northeast Nebraska Public Health Department. The Department purchased 28 Global Positioning System (GPS) units for each of the EMS and/or fire departments in the four county health district. The GPS units have maps that guide EMS workers to rescue calls, calculate mileage automatically, and can locate an accident so that an emergency helicopter can easily find the location. In addition, the East Central District Health Department has also generated substantial new information as they evaluated their local public health system and applied the National Public Health Performance Standards. Other departments are expected to follow their lead in the next two years.

Conclusion

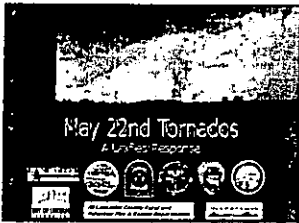
During the third year of funding and the second full year of operation, considerable progress has been made in the development of local public health departments throughout the state. As required under Nebraska Health Care Funding Act, every department now provides all of the three core functions of assessment, policy development, and assurance. In addition, most departments provide nearly all of the ten essential services. They appear to be allocating their funds based on health needs and priorities and are collaborating with many organizations and coalitions in their areas. They have assumed a key leadership role in the coordination and planning of health services and have collaborated with emergency management organizations to plan for emergencies and bioterrorism events. Finally, the departments are beginning to provide new services where there are major gaps. Some of these gaps include the tracking and monitoring of infectious disease outbreaks, identifying and following up with individuals that have communicable diseases, and offering a wide variety of health promotion and disease prevention programs.

Public Health Stories

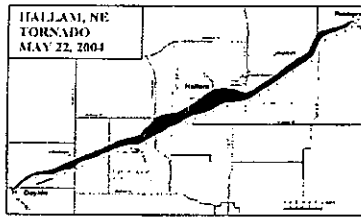
In order to put more of a human face on public health, the following short stories have been included in the report. These stories cover a variety of issues and problems, but the common thread is that they demonstrate how public health agencies have contributed to and improved the quality of life for people in their communities.

Lincoln-Lancaster County Health Department
The May 22nd Tornadoes: The Role That Public Health Plays in a
Unified Response and How Nebraska Health Care
Funding Act Funding Contributed to That Response

Public health officials are often called upon to respond to all types of situations. In the case of May 22, 2004, the Lincoln-Lancaster County Health Department responded to the aftermath of several tornadoes that struck southeast Nebraska. The path of destruction was estimated at 52 miles in length and as wide as 2.5 miles. Beginning at 7:30 p.m. near Daykin, Nebraska extending northeast to Palmyra ending at 9:10 p.m.



A Unified Response



The Tornado Path



Hallam Church

The Village of Hallam, Nebraska was hit at 8:44 p.m. by an F-4 tornado with estimated winds between 207-260 miles per hour. The immediate concerns were:

- Rescue and Personal Safety
- Communication
- Debris Management & Structural Safety
- Salvage/Personal Belongings
- Animal Control
- Resident, Worker, & Volunteer Safety

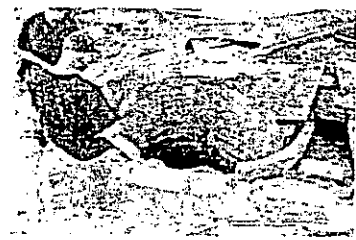
Many agencies and organizations played important roles as part of a unified response team. Public health professionals were part of that unified team and the funds appropriated through Nebraska Health Care Funding Act (LB 692) provided much needed infrastructure, equipment, and staff to respond to the around the clock expectations placed on all responders, including public health.



21,000 pounds of hazardous materials collected and contained.



750 tetanus shots in Hallam, Norris School, and special clinics.

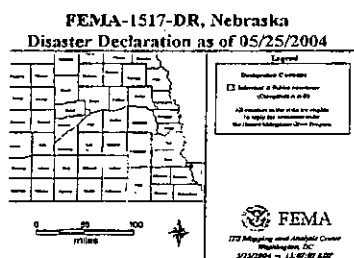


21 damaged water wells inspected.

The Nebraska Health Care Funding Act allowed the Lincoln-Lancaster County Health Department to assess, respond, and control hazardous material spills, mobilize public health nurses to administer tetanus vaccine, consult on water well damage, and assist with waste disposal.

- Assisted with over 20 building site inspections and consultations regarding environmental risk factors including asbestos, chemical hazards, and occupancy safety.
- Animal Control officers were the first public health staff called to the scene. Between 1:30 a.m. and 8:00 a.m., over 40 dogs, cats, and several other pets were taken to the Capital Humane Society.

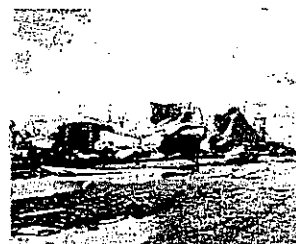
In the case of the May 22nd tornadoes, our capacity to respond was significantly improved as a direct result of funding made possible by Legislative Bill 692. We were better equipped with communication devices, protective clothing and equipment, better trained staff in emergency response, and most important, the acknowledgment of the role public health professionals play in the event of a natural disaster. This is not only true for Lancaster County, but for all the counties in Nebraska. Building public health infrastructure is an investment that will pay off.



LB 692 funding has made it possible for local health departments to serve all the affected counties.



Flooding caused the potential for public health issues in multiple counties.



Damage to agricultural storage, chemicals, and rail cars posed numerous public health problems.

South Heartland District Health Department
THE HEART TRUTH:
ONE LIFE SAVED – PRICELESS

As public health advocates, we tend to evaluate the success of our programs by statistics - the percentage of people who increased their physical activity, the percentage of children who gained access to dental care, the percentage of women who received prenatal care, and so forth. More often than not, our funding opportunities are dependent on the data and statistics we compile during our program evaluations. However, the South Heartland District Health Department has learned that sometimes a program is successful simply by touching the life of one person!

With the assistance of LB 692 funding, the South Heartland District Health Department (SHDHD) was formed in November 2001 and serves about 47,000 residents of Adams, Clay, Nuckolls and Webster counties in South Central Nebraska. A needs assessment was conducted in 2002. One of the concerns revealed by the needs assessment was the prevalence of lifestyle behaviors leading to diabetes, heart disease, vascular disease and obesity. With that in mind, the promotion of healthy lifestyles was included among the goals of the SHDHD's Health Improvement Plan.

Knowing that heart disease is the number one killer of women in Nebraska and across the nation and that many women think of heart disease as a "man's disease", the SHDHD decided to kick-off their Wellness Program by organizing a *Heart Truth* event. *The Heart Truth* is a public education campaign sponsored by the National Heart, Lung and Blood Institute with the goals of giving women a "wake up call" about their risk of developing heart disease and raising awareness about the signs and symptoms of heart disease in women. The "red dress" serves as the national symbol of the campaign with the message that "heart disease doesn't care what you wear".

Along with seven other area organizations, the SHDHD collaborated with the Office of Women's Health and the Cardiovascular Health Program (both divisions of the Nebraska Health and Human Services Division) to organize and sponsor a *Heart Truth* Luncheon and Red Dress Style Show. The event, which was held on October 20, 2003 at the Holiday Inn Convention Center in Hastings, targeted beauty salons in the four-county District as educational outreach sites. Since many women who go to beauty salons take a few minutes to relax and focus on themselves, what an ideal place to place valuable information to motivate women to protect their heart health and convince other women to take positive action as well.

Many would term the event as a success by the following statistics: over 100 women attended the event; countertop displays of heart health education materials were placed in 88 beauty salons in the District; 42 businesses and organizations donated items for door prizes or contributed educational materials and supplies; twelve area businesses provided the "red outfits" for the style show, etc.; 30 women and two men served as models. But the true success of the event was not realized until the SHDHD Wellness Coordinator attended a networking meeting several months later.

Upon hearing that the SHDHD was one of the organizers of the *Heart Truth* Luncheon and Red Dress Style Show, a woman attending the meeting from Clay County stated that she

had been at a beauty salon in the District recently. Her stylist told her that one of her clients picked up some of the *Heart Truth* educational materials displayed on their countertop. Recognizing that she had several of the signs and symptoms of heart disease listed in the educational materials, she consulted her family physician who referred her to a cardiologist. Stress testing indicated a possible blockage and she underwent bypass surgery. At last report, she was doing well.

Whenever we, as public health advocates, get caught up in compiling numbers and statistics, we need to remember the "individuals" we serve. Yes, we must continue to collect data and compile statistics in order to fund our programs and services. However, let's not lose sight of what really matters – that the opportunity to save one person's life is priceless!!!

Panhandle Public Health District

According to 2000 Census, 53,459 residents live within the 13,441 square miles of the ten counties in Nebraska's Panhandle. Most have their roots in agriculture, with a typical mid-western work ethic of hard work and reliability. Some may think that the lifestyle is laid back, easy going, and a safe environment to raise a family out of harms way of the crime and substance abuse often perceived in urban areas. However, when the Nebraska Risk and Protective Factor Student Survey Results were made available to communities, the data showed that the youth of the Panhandle are actively using drugs and demonstrating antisocial behavior as early as Grade 6. Twenty-one out of 25 Panhandle schools completed the survey. Smaller communities were stunned to see that the perception of their youth's behavior was not reflected in the data. As the process continued and county prevention teams discussed the issues, there was a general consensus that a contributing cause of underage substance use was due to the community's acceptance of the behavior.

The Panhandle Public Health District joined in the collaborative effort of the Panhandle Partnership for Health and Human Services to form a Prevention Coalition for Children Youth and Families. The coalition is made up of individual county prevention teams and the Native American Advisory Committee who meet regularly to address the issues that are of most concern to their area. The area wide coalition has been structured to overcome historic deficits through a prevention system based on local collaborations and an area wide coalition, which enhances capacity leadership and process. The proposal indicated a true grass roots work of the people.

The work consisted of hundreds of hours of volunteers working through the process as well as prioritizing needs and developing desired outcome statements based upon Healthy People 2010. All members of the coalition are included in the overarching environmental strategy "Communities Mobilizing for Change on Alcohol" to reverse community norms to a generational history of alcohol consumption for 23,000 children and youth. The combined budget for the Panhandle proposal was submitted for \$807,500. The overall mission of the communities is *to promote healthy and safe environments for all children, which reduce risks of alcohol and substance use, and enhance individual and community wellness*. Key concepts include: accessible, integrated, proactive, family centered prevention services, which are results-based, culturally competent, and built on community strengths and resources, as well as respect for families and individuals.

When we learned that our proposal was chosen to be funded we were elated. When we discovered it was funded for a little less than 50 percent, we were concerned that we would not be able to reach our desired outcomes. Since the funding announcement, partners have been meeting and making "offers and requests." Panhandle Public Health District has offered to cover the cost up to \$32,000 of the training needed for the teachers, community organizers and prevention team members. Other organizations have also stepped up to the plate to generously offer resources as well.

We are confident that through braided funding and common goals we can make a difference if we continue to work together as collaboration. We will know that we have succeeded when we reach the tipping point where the norms for underage drinking have shifted in our rural area.

East Central District Health Department

This is a composite story of all the young men and women whom I have counseled about HIV and AIDS in the last year. I can not use only one person for fear of making that one individual recognizable, so I will talk about all of them. They are of all nationalities and ethnicities. The eyes, whether blue, brown or green, have two things in common; dullness and a look of deep sadness. Appearing older, most are under 30 with their dreams and hopes in question. They have put their lives at risk. They have experimented with all that life had to offer; the good and the bad. They have had more sex or needle-sharing partners than most of us have close friends. They can not give both a first and last name to many of their partners. In some cases they traded or had their young bodies taken by older men or women for drugs or passage to a free world. A world that they hoped would give them freedom and dreams for a better tomorrow. Now, one by one these young people sit in my office with head bowed hoping and praying that this simple test will not tell them what they dread and fear. For some they have reached the point where they must know their status for every illness to them has become a sign that I have "it". They complete their forms, we talk about their risks. They say "this isn't as bad as that" still hoping for a bargain. Each person is hoping that their choices or lack of choices were not "that bad". They do the Ora-Sure method for testing which requires only three minutes. The test time must seem like a lifetime for none are able to sit quietly in their chairs. After securing and labeling the swab, we review the prevention methods that they have agreed to try during the next week while they wait for results. While waiting for their results to return, they have been ask to think about who they would or would not tell if they were HIV positive. For some the thought of waiting a week is too long and they call daily to see if their results have returned. Some, hopefully only a few, will never return as they don't want to know. When I receive their test results I reflect upon the risks of each person. Some are so great on the scale of one to ten they are an eleven. I hold my breath as I open them. The week is up and the clients begin to return for their results. For each negative result that I give, you can see the life come back into the eyes and the smile return. They may cry, the counselor may get a bear hug. Once again the question is asked "how do you protect yourself so you do not need to return to see me?" Most promise that they will never again put themselves at risk again, but I know for many that this is not true.

For a few the results are not good. Some cry, some only sit and stare. It's now time to collect the list of partners. Can't remember the name, never knew the name, a first name only, a date, a place where they met and for some contacts made on the internet had become their way of meeting others. Once their test result is absorbed they will need to share what they have learned with another. If they need to talk and can find no one to talk with they are invited to call me. (Story told by a staff person from the East Central District Health Department)

Central District Health Department "The New Building"

It isn't hard to appreciate the impact of 692 funds on the Central District Health Department (CDHD). It shows in the attitude of the thirty-plus employees. It shows in the way the community views public health. If you want to experience the change, stop by 1137 South Locust. But first, in order to truly understand the transformation, stop by 105 East 1st Street. This was the site of the old Grand Island-Hall County Health Department now known as the CDHD.

At 105 East 1st Street, you will find a vacant building. It's not much to look at from the outside, and even less from the inside. The building housed public health services such as WIC, Children Immunization Program, Health Promotion, and Environmental Services for 30-odd years. While the number of services, and consequently staff, grew over the years, the building deteriorated. Staff who worked there describe it using the following adjectives: "small, terrible, cramped, and run-down". They mention problems with carbon monoxide and asbestos, and very limited parking. One staff member remembers, "You could have heat or coffee, but not at the same time."

Even though quality public health services were offered in the old location, staff were concerned for the image of public health. One staff member offers this analogy, "It's like this: You have a little league baseball team, and they are pretty good. But they don't have much for resources, so their uniforms are hand-me-downs, pretty worn and tattered. Even if they play well, their appearance leads to a general lack of respect in the community. Even when they do well, they are seen as less capable than they really are."

Enter 692 funds. At first just a dream, a new site is located. The desired building, the old Dreisbach's Steak House, is a landmark for the area and now stands empty. The location is accessible; the building is solid, large enough to accommodate programs and has plentiful parking. Negotiations take place, people compromise, and eventually the deal is struck. The process of remodeling is carefully monitored by the CDHD Executive Director and Board members, determined not to exceed the limited budget.

In January 2004, the building is ready to be occupied. The Executive Director tells the media, "This building exemplifies that public health is for everyone, not just those who can't afford other services." Staff are thrilled with the new space. Adjectives used now include, "welcoming, clean, friendly, beautiful, updated and spacious."

The "new" building reflects the current status of public health in central Nebraska. Utilizing an existing building demonstrates resourcefulness and cost efficiency. The updated appearance of the interior reflects state-of-the-art programming offered through CDHD. The spacious uncluttered waiting areas and offices express the respectful attitude that exists toward all who enter. Just as new uniforms for the little league baseball team change the public perception of that team, the new building has changed public perception of public health. Equally important, is the fact that the little league player who dons a new uniform instantly becomes more confident, self-assured, and more determined to succeed. Staff at CDHD have experienced this transformation through the new building.

When you visit 1137 South Locust, you will find a welcoming reception, a can-do attitude, and if you care to listen, you will hear many success stories. If you talk to community members, you will learn how the new site has increased the visibility of the CDHD. You will find that the majority of community members see CDHD as a vital part of the community, and an active community partner. Yes, there has been a transformation of public health in the Central District area due to the influx of 692 funds, but that transformation has just begun. We thank you for the funds that are so vital to delivery of service, and so necessary to preserve and promote the health of area residents.

Southeast District Health Department Rabies in Southeast Nebraska

Since the beginning of 2004, there have been 13 cases of Rabies identified in the counties that encompass the Southeast District Health Department. Our first notification came on February 24, 2004 when Dr. Annette Bredthauer, DVM notified us that a cow in Johnson County had tested positive for Rabies. We hurriedly accessed information from the CDC web site and learned as much as we could about the disease. We contacted the local DVM and were able to contact the family who had been involved, and determined the handling of the incident required no follow up from there. We put together a news release for that county paper which only went to print once a week.

The next day we were notified that another animal in the western part of Johnson County had tested positive. We followed the same protocols of the previous day, except this time we notified the radio stations covering all of the district, and contacted the radio station in Beatrice. We also notified Public Health Solutions.

On March 8, 2004, we were notified of a positive cat in Otoe County. We were able to obtain the owner's name from the DVM who had sent the specimen to the lab. We tried for two days to contact the farmer. Finally on the second day, we reached him. He related that about a week before he had gone outside to look at the weather and had been attacked by one of his farm cats. The cats had bit him on the leg and he had had to pull it off. He went inside, washed it off and put some peroxide on it and went to bed. The next morning, the cat was dead on the sidewalk when he went outside. He called the vet and he told him he didn't need to have it tested. The farmer went into coffee and was telling his friends. One of them told him he had heard the "lady from the Health Department" talking about rabies and he should take it in. He took it in and had it tested, and it was positive.

The man had not known he should see a physician and start the vaccine program. We contacted the Nebraska City Hospital who did not carry the vaccine. The physician arranged for the farmer to go to Lincoln and start treatment that evening. He completed the series, and called to let us know it was very expensive, but the Lincoln doctor said he probably would have died if the Department hadn't pursued the follow up.

Elkhorn Logan Valley Public Health Department

He was unfamiliar with the United States health care system, managing a motel for people who were staying in town only for the night. Newly arrived from India and suffering from health problems, Paresh (not his real name) discovered that not only was he was diabetic, but that he had also contracted an active case of tuberculosis. Barely speaking English, Paresh visited the doctor who ordered a cat scan to determine the status of his TB. Problems worsened. Because the doctor had ordered a cat scan in addition to a routine chest x-ray, the state would not reimburse him for the extra cost of the cat scan, and Paresh has no insurance and little other resources.

That left Paresh barely able to speak the language in a country where he doesn't understand the health care system, diabetic and with an active case of TB, without insurance and without funds to pay for an expensive health care test.

When Paresh visited the hospital for the cat scan with mask in hand instead of on his face, the hospital staff became worried and TB tests were order by the hospital for everyone who came in contact with Paresh within a week's time, not the 12-week period recommended to test for TB. If hospital staff had been infected with TB, the early testing procedure would miss cases, and TB could easily spread throughout the community.

That's when the health department came to the rescue. It was apparent that Paresh needed medication, the hospital needed education and the public needed protection.

Although the Elkhorn Logan Valley Public Health Department is new to TB surveillance, the agency had done its homework. The Elkhorn Logan Valley TB nurse spoke to Paresh about the importance of taking his medications, and continual surveillance was the order of the day. Because Elkhorn Logan Valley's TB nurse was familiar with the reluctance of some clients to take medicine, she is accustomed to educating clients, persuading and cajoling them into cooperation. Paresh's immediate family was tested for TB, and the assumption made that his diabetes had made him susceptible for active TB. He was instructed for precautions to take to assure public safety.

In addition, and as a certain indication of the ways the Health Department's programs complement each other, the Minority Health Educator is working with Paresh to help him manage type II diabetes, giving him one-on-one diabetes education. Vegetarians, Paresh and his wife have learned meat substitutions, and work with the food exchange list and food pyramid to build menu plans that incorporate the diabetes and vegetarian diet.

The next step was to inform the hospital about correct incubation periods for TB testing, and finally, plans are in the works for an informational workshop to inform the entire medical community within the borders of the Elkhorn Logan Valley Public Health Department service area about proper TB investigation, testing and surveillance.

East Central District Health Department

It was in the summer of 2003 that we first met Elsa, a Guatemalen woman wearing clothes that hung on her thin frame and who had tangled long, dark hair. Eyes downcast, she walked into the WIC office led by a Caucasian woman, Rachel, who was her source of transportation. WIC staff met with Elsa to determine her eligibility for the program. Elsa was assessed medically and nutritionally by the WIC nurse and RD via bi-lingual staff. She received education as to what foods and how much of each food group she was encouraged to eat during her pregnancy. Staff encouraged Elsa to gain weight during her pregnancy for her health and the baby's. She and the baby could get many of the nutrients she needed by consuming the WIC foods that would be prescribed for her. The food package assigned to Elsa gave her foods high in protein, iron, vitamin C, calcium, vit. D., riboflavin and other nutrients. Her baby, due in the spring of 2004, would also be able to receive WIC benefits once he was born.

The next month, Rachel accompanied Elsa on her next appointment with WIC. This time Rachel shared with WIC staff that she picks up Elsa for not only her WIC appointments but for other appointments and for grocery shopping. Each time she picks Elsa up, Elsa is crying. Since Rachel spoke only English, she asked a bi-lingual WIC staff member if we would be able to talk to Elsa about what is upsetting her.

In confidence, our WIC nurse expressed her concern about how unhappy she appeared to Rachel and staff. Elsa confessed that she had been unhappy because when traveling months ago across the United States border from Guatemala, she had been raped. Arriving in Schuyler, she lived with a few people who treated her badly, almost inhumanely. Her brothers, both present in the town in which she now lived, had virtually disowned her now. The only person who treated her respectfully was the man who fathered her child.

Staff made referrals to other agencies in the area such as the Center for Survivors and the Center for Family Health and with a mental health counselor at the ECDHD.

WIC staff referred her to the Center for Survivors for counseling and provided support for her. The baby's father was going to be staying by the side of Elsa throughout the pregnancy and staying with her after the birth. WIC staff talked with her about her dignity as a person.

WIC staff taught Elsa the letters in her name and helped her learn how to first, copy her name. After a few months, staff helped her to spell her name. The simple task of writing her name took a great deal of time. Staff patiently sat with, instructing and encouraging her to keep trying.

Months later, Elsa gained the weight she needed for nourishing her baby and her body. Clothes that once hung on her were now gone, replaced with maternity dresses. Writing her name that once took a long time to complete now is done in a matter of seconds, all done with the knowledge of each letter. Entry into the WIC office is done with her eyes looking up and greeting the clerks.

Elsa delivered a healthy baby who is also on the WIC program. She is now looking for work.

Dental Day V- February 27, 2004

Two Rivers Public Health Department, Lexington Public Schools, and UNMC College of Dentistry

My initial contact was with Jane Brockmeier, RDH, of Norfolk, after reading about her project in the UNMC Dental Alumni newsletter. Contact was made with Dr. David Brown to schedule our participation in Dental Day V with UNMC College of Dentistry. After his consent, Two Rivers Public Health Department decided to focus on Lexington, Nebraska because of the large Hispanic population that resides there due to the Tyson Foods meatpacking plant located in the town. The town is 51 percent Hispanic and the school system is 67 percent Hispanic.

Our first organizational meeting was held in October, 2003. We included Dr. Fagot and his wife Cathy, Dr. Mandelko, who was suggested by Dr. Fagot, Dr. Karen Sorenson, who had recently moved from Washington state, Lexington school nurses, PHONE nurses, Josie Rodriguez from the Office of Minority Health, Dora Munoz from the Minority Health Clinic, interpreters, community action personnel, and health department personnel.

We met again on November 14 to update plans and where we were in the process. The school nurses were identifying students in the school system to participate and mailing out forms. We scheduled a parent's informational meeting at St. Anne's parish and arranged to have interpreter's present to fill out forms. Because we did not have a good turnout at the meetings, Father Paul of the Catholic Church, suggested we explain the program during the church services and sign kids up after the services. He also spoke about the benefits of the program and was very supportive. His support was a key point in getting parents to allow their children to participate. Once parents signed children up, the information spread by word of mouth. We signed up 90 kids, ages 7-18 to be screened.

The screenings were held on Friday, December 12, 2003, at Dr. Fagot's office. The team included three dentists, two hygienists, three assistants, two interpreters, Cathy Fagot, and the director of the Two Rivers Public Health Department. Cindy Jaeger, RN, rode the Lexington school bus that brought kids from each school at scheduled times throughout the day. Patterson Dental had donated an additional developer, which helped speed up the process, although the processing was still the weakest link. Seventy-five kids were screened that day – exams, BWX, treatment plans – letters to parents which were translated for the parents to be sent home by the school nurse. We had nametags for each student, along with their birth date on the nametag and chart to assure the right patient. NTV did coverage of the screening day and we had newspaper coverage also. Ninety total kids were screened and 83 qualified to participate in the program. The students were predominately Hispanic. Half of the students were middle and high school kids, and most had no insurance. This was the first visit to a dental office for many of the students. The majority of the students did very well with no parents in attendance. Copies were made of all the files and the originals with the radiographs were sent to UNMC for scheduling. Cindy Jaeger had a spread sheet of all the students, their contact information and needed dental work.

Letters were sent to area dentists requesting donations for snacks for the bus trip to Lincoln and \$100 was donated to help with food. Lunch was provided by the UNMC. The bus

transportation to Lincoln was also provided by UNMC College of Dentistry through funding from Ameritas.

Our initial Dental Day was cancelled due to snow but it was rescheduled for Friday, February 27th. Interpreters called all the families on the 26th of February to remind them of the trip and the time and place to have their children the next morning. The schools also had reminders in announcements. Seventy-three students made the trip to Lincoln for Dental Day. Eight adults went on the trip as chaperones. Cindy Jaeger, RN, school nurse; Ray Otero, school administrator and interpreter; Karen Jaimes, interpreter, NAF, Terry Krohn, RDH and Director of Two Rivers Public Health Department were one bus with the middle and high school students. Josie Rodriguez, Office of Minority Health and interpreter; Dora Munoz, Director of the Minority Health Clinic and interpreter, Janet Staehr, RN, PHONE program and Dr. Karen Sorenson went on the bus with the elementary children. We loaded buses at 6:30 a.m. and returned at 6:30 p.m. that evening. Movies and a breakfast of muffins and juice were provided for the kids. We also took first aid supplies and trash bags.

All of the students enjoyed the trip and the day at the college. They were treated very well by the students and faculty at UNMC. Many had never been to Lincoln before or seen a University setting, so it also served as a recruitment tool. We did not have any post-operative problems on the buses. Bottled water, go-gurt, and string cheese were good snacks for the trip home.

We were not able to provide all of the necessary dental services because many students needed extensive dentistry to restore their mouths to health. Scheduling and prioritizing care for this many middle and high school students was difficult because of the extensive problems. Previous dental days had targeted primarily elementary age children. The delay of the program due to snow also affected the number of professionals that were available at the UNMC College of Dentistry to provide treatment. We are staying in contact with UNMC to seek participation in a future Dental Day. We are also investigating other options of cooperation to try to fill these dental needs. Dr. Fagot and Dr. Mandelko have seen some of the students since their return.

Seventy-four of the 110 children seen that day in Lincoln were from Lexington. At total of 1,170 procedures were performed at a value of \$55,697. The exams and radiographs that were done in Lexington during the screenings were valued at \$4,000. All of the volunteer's labor were instrumental in making the program successful. For example, Dora Munoz, the director of the Clinica de Buena Salud, translated all of the forms and documents that were needed for the program. We could not have accomplished this program without out the participation of the interpreter/translators and Father Paul Colling of St. Anne's Parish in Lexington. His support and endorsement at church services was needed to build the trust necessary for parent's to allow their children's participation in the program

For its efforts, the Two Rivers Public Health Department received a Certificate of Recognition from the Nebraska State Board of Health. The Dental Day program with the UNMC College of Dentistry will be repeated in February of 2005 to continue to address the dental needs that still exist in our district.

**Two Rivers Public Health Department
Dental Day V - February 27, 2004**

